

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048264

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 6681

FILED DEC 19 1963

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ITEM NO. SHOULD READ

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OR
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| | | | |
|--|---|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI | | c. CITY OR TOWN CONCORDIA | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL | | d. STREET ADDRESS (If outside, give location) 416 West 8th | |
| 3. NAME OF DECEASED (Type or print) First Irvin Middle Ernest Last Starkebaum | | 4. DATE OF DEATH Month DECEMBER Day 7 Year 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-28-07 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER ROUTEMAN | | 10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER | |
| 11. BIRTHPLACE (City and state or country) CONCORDIA, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME JOHN STARKERBAUM | | 13b. MOTHER'S MAIDEN NAME MATILDA DREYER | |
| 14. NAME OF HUSBAND OR WIFE TRENE STARKERBAUM | | 17. INFORMANT TRENE STARKERBAUM (WIFE) Address VA HOSPITAL OFFICIAL RECORDS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA Conditions, if any, which gave rise to above cause (b), stating the underlying cause last: DUE TO (b) LYMPHOSARCOMA DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 12 hours 18 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. VA attended the deceased from DECEMBER 4, 1963 to DECEMBER 7, 1963 Death occurred at 10:10 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Roger P. Reitz | | 22b. ADDRESS M. D. VA HOSPITAL, KANSAS CITY, MO | |
| 22c. DATE SIGNED 12/7/63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | |
| 23b. DATE 12-8-63 | | 23c. NAME OF CEMETERY OR CREMATORY Evangelical | |
| 23d. LOCATION (City, town, or county) Concordia, Missouri | | 24. FUNERAL DIRECTOR WAGNER FUNERAL HOME, K.C.MO. | |
| 25. DATE RECD. BY LOCAL REG. 12-9-63 | | 26. REGISTRAR'S SIGNATURE Beasie Smith | |

Figure 1

وَأَمَّا الْفُلُ فَأُرْسِلَتْ بِرَحْمَةٍ مِنَّا لِيُبَيِّنَ مَا بَيْنَ أَيْمَانِهِ هَذِهِ وَأَيْمَانِ ذُو الْأُنْثَىٰ هَذِهِ ۚ

2. INFLUENCE and the effect of the new technology on the economy and society in the 21st century

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1. *Introduction*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Signed Albert R. Fausch

Signature of Student Embalmer

CC-0. All rights reserved.

Licensed Embalmer No. 7751

P. O. Address 71. E. ME.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.